

Demand Escalation Process

Mental Health

Escalation status & strategy

Responsibility

Escalate & liaise

Level 0

- Actual and potential discharges identified at MH flow meeting
- Ward rounds undertaken with NUM & delays from ward round actioned & documented
- Update PDD's to reflect accurate discharge date on Journey Boards and BAS.
- D/C reviews by consultant the day prior with early clearance of patients for d/c by 1000.
- Patients in ED allocated beds
- Identify and plan for the next 48 hour activity
- Identify and refer patient suitable for hospital avoidance programs including HITH and Urgent MH Care Centres, Consider TAC referrals

- NUMS/Allied Health Seniors
- MDT/ Ward Staff
- Medical Teams
- Patient Flow Coordinator

Nil

Level 1

- Phase 0 strategies actioned
- Request medical review +/- d/c with community support or through in-reach from community mental health services
- 24 hour capacity planning initiated with review of planned d/c for the following day identified in MH flow calls
- Transitional Care Co-ordinator engaged to assist with discharge support packages
- Escalate for review and management options to Head of Unit/NUM and Allied Health Seniors

- Inpatient/HITH/ICC NUMs
- Allied Health Seniors
- Medical Seniors
- Team Managers Community Mental Health

- NOC Team
- PDM's
- NL's
- Medical Leads
- Medical teams
- Allied Health Leads

PLEASE TURN OVER FOR LEVEL 2 & 3 ACTIONS

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Responsibility

Escalate & liaise

Level 2

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| <ul style="list-style-type: none"> - Phase 1 strategies actioned - Huddle attended by MDT seniors of all bedded services - Early ward rounds with MDT representation - Review of PDD and escalation of discharge delays for same day and next day discharges - Review of country expects and delay/divert if able - Consider other LHN bed options - Ensure ED MH Nurse Practitioners are exploring all discharge options - Round attended by Service Managers of all inpatient ward's areas - Liaises with NUM and HOU re identified possible discharges - MH Escalation and action meeting - Escalation and action meeting held with Service Managers /Heads of Units and MH senior leadership team | <ul style="list-style-type: none"> - Inpatient NUMS - Allied Health Lead - Medical Heads of Unit /Site leads - Team Managers Community Mental Health - Service Manager | <ul style="list-style-type: none"> - NOC Team - PDM's - NL's - Medical Leads - Medical teams - Allied Health Leads |
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Level 3

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| <ul style="list-style-type: none"> - Review all current business practices and where possible suspend noncritical/clinical activities for 2 hours redeploying those resources of area of need including ED, and wards for review and discharge management - Escalate to Nursing Lead for consideration of deployment of additional nursing staff - Escalate to Allied Health Lead for consideration of deployment of additional Allied Health staff - Escalate to Medical lead for consideration of deployment of additional medical staff - Escalate and activate Bed Management Directive | <ul style="list-style-type: none"> - Inpatient /ICC/HITH NUMS - Allied Health Leads - Medical Heads of Unit /Site leads - Community Team Managers - Service Managers | <ul style="list-style-type: none"> - Director NOC - Nurse Lead NOC - Executive Director MH - Program Manager - Nurse Lead - Allied Health Lead - Medical Lead - Director of Mental Health Strategy |
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